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Volume 6, Number 12 August 1, 1970

CURRENT AWARENESS BULLETIN

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EXAMPLE OF FORMAT

ACCESSION NUMBER → 05639

ORIGINAL TITLE OF ARTICLE → A CLINICOPATHOLOGICAL CONFERENCE: FROM THE OHIO STATE UNIVERSITY HOSPITAL, COLUMBUS, OHIO [1]

CATEGORY ←

AUTHORS → McMillan, J. B. (Oh State U Hosp, Columbus, Ohio)

SOURCE → Ohio Med J 63(5): 644-648; 1967

SENIOR AUTHOR AFFILIATION ←

ANNOTATION → A clinicopathologic conference is presented on a tuberculous cigarette smoker who developed an extremely anaplastic, highly invasive oat cell carcinoma of the lung. The author considers the cancer to be coincident with, rather than a consequence of tuberculosis in this case. It is pointed out that lung cancer that follows tuberculosis is almost invariably of the squamous cell type.

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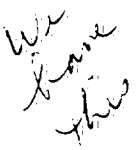
SECTION I-CANCER

24956 LUNG CANCER AT THE ZOO [2]
Anonymous
Med World News 11(26): 13; 1970



There is new evidence that lung cancer rates have increased significantly among zoo animals that spend their lives outdoors; the increase is particularly pronounced among waterfowl, but is seen also in lions, otters, skunks, and other animals. Dr. Robert L. Snyder, director of the Penrose Research Laboratory of the Philadelphia Zoological Garden, suspects air pollution as the cause and reasons that waterfowl are especially affected because pollutant particles fall to the bottom of ponds where the birds feed.

24960 WORLD MAPS OF CANCER MORTALITY RATES AND FREQUENCY RATIOS: PARTS III AND IV (CONCLUSION) [2]
Dunham, L. J./Bailar, J. C. (Nat Canc I, Bethesda, Md)
Industr Med Surg 39(6): 259-275; 1970

This is a continuation of a series which includes 16 maps of cancer mortality ratios and frequency rates per 100,000 inhalectants, based on a review of cancer data by geographic areas. More than 100 such areas are included. The data are recorded on maps for the following cancers in males: oral cavity and pharynx, esophagus, stomach, intestines and rectum, liver, larynx, lung, prostate, urinary bladder, and leukemia. Data for females are given for the following sites of cancer: oral cavity and pharynx, esophagus, intestines and rectum, breast, and uterine cervix. The data are arranged in sequence by International List numbers, with males placed before females where both sexes are included.

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A geographical differential also appears for cancers that are infrequent in major population groups of North America and Europe, such as cancers of the hypopharynx, nasopharynx, nose, tongue, and oropharynx. A footnote indicates that some of the claims regarding the frequency of nasopharynx cancer were not supported by statistical data. (See also Document No. 20174.)

25056 THE PHILADELPHIA PULMONARY NEOPLASM RESEARCH PROJECT [1]

Boucot, K. R./Cooper, D. A., Weiss, W. (Women Med Coll Penna, Philadelphia, Pa)

Med Clin N Amer 54(3): 549-553; 1970

In a ten-year prospective study of 6136 men, aged 45 years or older, 121 new lung cancers were diagnosed; 94 (78%) were histologically confirmed. "Important risk factors were age, race, smoking habits, and symptom status. Incidence of lung cancer increased with increasing age, was higher in nonwhites than in whites, showed a dose-response relationship to smoking, and was more common in men with chronic cough, dyspnea, unilateral chest pain, or unilateral wheeze." "Cigarette smoking is the most important risk factor and has the dose-response characteristics of an etiologic agent."

"As in all Philadelphia studies of lung cancer detected in chest surveys, there was an impressive increased lung cancer incidence in nonwhites compared with whites. This could not be attributed to dustier occupations, nor to a tendency to have smoked more or longer. Perhaps it may be associated with living in crowded industrial areas of the city. Whatever the explanation, it seems to operate early in life, since no lung cancer occurred in nonwhites over 65 so, presumably, by age 65, the nonwhite men susceptible to lung cancer had died off and we were studying a group of resistant survivors."

In 61% of the 94 confirmed cases the tumor was located peripherally. Squamous cell carcinoma was diagnosed in 44 cases (47%), undifferentiated carcinoma in 24%, and adenocarcinoma in 23%; 5 tumors were mixed squamous cell and adenocarcinomas.

In 58% of the 121 cases other abnormalities were found on the chest x-rays. These included localized or disseminated parenchymal fibrosis, pleural disease, and multiple rib fractures.

The 5-year survival rate was only 6% among the 94 confirmed cases. Survival was inversely related to the tumor growth rate. The growth rate was more rapid for squamous cell and undifferentiated carcinomas than for adenocarcinoma.

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25142 SYNTHETIC SWEETENER CONSUMPTION AND BLADDER CANCER TREND IN THE UNITED STATES [1]

Burbank, F./Fraumeni, J. F. (Nat Canc I, Bethesda, Md)

Nature 227(5255): 296-297; 1970

A study of vital statistics on bladder cancer mortalities and age-specific and age-adjusted incidence rates showed no clear-cut changes since the large-scale consumption of cyclamates began in 1962.

Recent trends in the incidence of bladder cancer are consistent with a slow increase. "Many epidemiological features of bladder cancer, such as the increasing incidence, male predominance and geographic variation, may be attributed to patterns of cigarette smoking, which increases the risk of this neoplasm about three-fold."

It is pointed out that mortalities are less sensitive than incidence rates in detecting changes in frequency since a patient with bladder cancer may be cured or may survive for a long time. The failure to find an increase in bladder cancer after the introduction of cyclamates may be due to too low a dose or too short an observation period. The dose/body weight of cyclamates which produced bladder cancer in animals was 50 times higher than the maximum amount ingested by man. In addition, only 6 years have passed since the introduction of cyclamates, and the latent period for bladder cancer induced by occupational exposure to aromatic amines is 20 years.

Also see: 24610, p. 11
25120, p. 16

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SECTION II-RESPIRATORY SYSTEM (NO CANCER)

24921 BRONCHITIS: I. THE AETIOLOGY AND PATHOGENESIS OF BRONCHITIS: DISCUSSION BY INVITATION [3]

Stuart-Harris, C. H. (U Sheff Med Sch, Sheffield, UK)

Bronchitis: [2], 61-79; 1961

A panel discussion which dealt at great length with the definition of chronic bronchitis and asthma and their differential diagnosis concluded that there was no clear definition. One of the participants even stated, "I cannot really distinguish bronchitis from asthma...."

It is thought that the respiratory condition (bronchitis), that affects miners or chemical workers does not differ from that in agricultural workers, although the prevalence is higher among the former groups. Studies strongly suggest that a higher proportion of people exposed to irritants of the respiratory tract will develop respiratory symptoms and this applies to dusts, fumes, atmospheric pollution, and especially to tobacco smoke. "I don't think you are justified separating one particular irritant and using the term industrial bronchitis. I should perhaps make it clear that in talking about irritants I had no intention of implying that they alone were responsible for the development of bronchitis. They may perhaps be, if they are sufficiently severe; but I think everyone must agree that the aetiology of bronchitis is usually multifactorial. ... I think everyone interested in bronchitis would agree that individual sensitivity and familial factors are certainly also present."

A number of other participants feel that a constitutional factor is involved and it is even suggested that bronchitis and asthma are both different expressions of the same constitution. Allergy also has been implicated by different authors as the underlying cause for both. Many symptoms involving allergy, either

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directly or indirectly, are found in patients suffering from chronic bronchitis. These results indicate that allergy is very probably an important factor in many cases of chronic bronchitis, but "... its appreciation is unfortunately not yet accurate."

There is evidence that tobacco smoking is important in the etiology of chronic bronchitis. In addition, a socioeconomic gradient in incidence of chronic bronchitis has been reported repeatedly.

Comparison of respiratory function in miners and in workers in other industries doing equally heavy work revealed that the residual volume and the functional residual volume were higher in the miners, whereas the maximum breathing capacity and the forced expiratory volume were lower. These differences increased with increasing dust exposure. "We believe that these phenomena in younger people are based on hypersecretion owing to dust irritation, and in coal miners over 50 more on increasing loss of lung elasticity."

No association has been found between acute respiratory disease and smoking habits. (Presented at an International Symposium on Bronchitis held at the University of Groningen, Groningen, Netherlands, April 27-29, 1960.)
[Part of a Series: Document Nos. 24918-24926]

25125 EMPHYSEMA [3]
Rosenblatt, M. B. (New York Med Coll, NY)
J Amer Geriat Soc 18(7): 517-528; 1970

This review of the medical literature on emphysema before and during the nineteenth century clearly demonstrates that the disease was highly prevalent before modern times. "The alleged increase in the prevalence of emphysema during recent decades--on the basis of official death certifications--is a statistical illusion." To support this contention a series of clinical, histopathological, statistical, and respiratory function studies regarding lung emphysema performed as early as 1679 are reviewed.

The scant attention given in the past to emphysema as a primary disease, the fact that during recent years the condition has acquired an important medical status, reflected by better diagnostic and therapeutic facilities, changes in classification, and the aroused awareness of lung emphysema resulting from the implication of cigarette smoking as an etiologic agent, have resulted in making physicians more interested in the diagnosis and treatment of emphysema and in its certification as a primary cause of death.

Also see: 24610, p. 11

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24035 SMOKING AND CORONARY DISEASE: PART I: 7. SMOKING HABITS AND CORONARY DISEASE IN A GROUP OF TWINS. (SWEDISH) [5]
Liljefors, I. (Seraf Hosp, Stockholm, Sweden)
Lakartidningen 67(2): 91, 161-164; 1970

A clinical study of 49 male monozygotic (MZ) and 40 male dizygotic (DZ) twin pairs, aged 42-67 years, in which one or both members of each pair had symptoms of coronary artery disease (CAD) concludes that, except for myocardial infarction (MI), smoking is of relatively less importance than genetic factors in accounting for differences in CAD symptoms.

CAD was diagnosed in both members in 16 of the 32 MZ twin pairs with clinically confirmed CAD (MI or angina pectoris with characteristic electrocardiogram changes). The corresponding figures for CAD concordant DZ twin pairs was 7 out of 25. "Differences in concordance can be taken as evidence that the genetic factor is important for the occurrence of CAD symptoms among groups 1-3 [clinically confirmed CAD]." Clinically confirmed myocardial infarction was diagnosed in both members of only one MZ and one DZ twin pair. "Environmental factors appear to be of great importance for this manifestation of CAD."

A comparison of the smoking habits of twin pairs in which only one member of MI showed that the members of many of these pairs had similar smoking habits. "This comparison does not give any support for smoking as a common cause contributing to differences in CAD symptoms."

No significant differences in blood pressure, serum lipids, and the incidence of manifest diabetes were found in twin pairs in which one member had symptoms of CAD and the other did not. (Presented at a Scientific Conference on Smoking and Coronary Disease by the Swedish National Association for the Information

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on the Harmful Effects of Tobacco, held in Ronneby, Sweden, May 22-23, 1969.)
[Part of a Series: Document Nos. 24029-24036]

24491 PSYCHOSOMATIC ASPECTS OF CARDIOVASCULAR DISEASE [6]
Kaplan, S. M. (U Cinc Coll Med, Ohio)
Postgrad Med 47(5): 128-132; 1970

There is a causal relationship between psychosomatic factors and cardiovascular diseases, in that psychosomatic or psychologic factors not only play a role in, but also affect the course of, heart disease; and heart disease often gives rise to psychologic problems.

Illustrative of the former condition is the hypertensive person; his labile cardiovascular system responds pathologically to sustained, unresolved conflicts over aggression. If neither psychologic nor physiologic factors alone induce the onset of the disease a combination of the two will do so.

Certain character traits can be correlated significantly with coronary artery disease (CAD). Those people who have excessive drive, ambition, and aggressiveness with the environment are more vulnerable to CAD. "It seems likely that there are people who react excessively to psychologic stresses with coronary constriction or alterations of serum lipids or of the clotting mechanism which could make them more susceptible to coronary occlusion."

The most obvious example of psychologic factors that affect the course of cardiac disease is the patient with coronary insufficiency who experiences angina when angry or anxious. The cardiovascular system of some patients with long-standing heart disease lack the flexibility or reserve to respond normally to a significantly disturbing life experience. Decompensation may occur. Cardiac failure can follow the loss of the support of an important life figure through death or abandonment.

It is quite possible that patients with arteriosclerosis or congenital defects of the cerebrovascular system are more vulnerable to strokes as the result of changes in circulatory dynamics secondary to emotional states. Also, psychologic problems may interfere with the cardiac patients' self-care, thus affecting deleteriously the course of their illness.

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24914 EFFECT OF SMOKING ON BLOOD-CLOTTING AND LIPID AND LIPOPROTEIN LEVELS [5]

Pozner, H./Billimoria, J. D. (Westm Med Sch, London, UK)

Lancet 1(7660): 1318-1321; 1970

A hematological study of 64 healthy subjects aged 19-30 years, including 20 nonsmokers (12 males and 8 females), 17 light smokers (up to 15 cigarettes/day; average 7.3 cigarettes; 6 males and 11 females), and 27 heavy smokers (more than 15 cigarettes/day for at least 2 years; average 22.5 cigarettes; 19 males and 8 females), shows that fasting plasma turbidity, cholesterol, and beta- and pre-beta-lipoproteins were significantly increased in the heavy smokers. Pre-beta-lipoproteins were especially elevated in the male smokers. Heavy smokers had shortened plasma stypven coagulation times, increased serum triglycerides, and decreased alpha-lipoproteins, but these findings were not statistically significant. Serum cholesterol and phospholipid levels were affected more by smoking in the women than in the men.

Increased pre-β lipoprotein levels in the heavy smokers, especially the males, may be of particular importance since this lipoprotein is commonly found in ischemic heart-disease. The notable increase in serum cholesterol, β lipoproteins, and phospholipids in female heavy smokers in the present study suggests that smoking may result in females below the age of 50 years losing some of their natural immunity to ischemic heart-disease.

"In view of the recognized fact that nicotine stimulates the autonomic release of adrenaline it was at first surprising that fibrinolytic activity was not substantially enhanced in smokers, but we feel that this effect may be transient, like the effect of exercise, and may show up more prominently in acute smoking experiments."

Although the light smokers in this study were defined as subjects smoking less than 15 cigarettes per day, the majority of them did not smoke regularly and their mean consumption was difficult to assess. There were 11 females in this group who smoked only 4.5 cigarettes per day, and 6 males who smoked only 9.8 per day. It was, therefore, not unexpected that the mean lipid values of this group did not differ significantly from the nonsmokers. Among the few smokers in this group who consumed 10-12 cigarettes per day, the individual lipid values lay between those on nonsmokers and of heavy smokers, but the numbers were too small for statistical evaluation.

The overall results suggest that heavy smoking in young subjects leads to an increase in stypven coagulation, and plasma lipids and lipoprotein. These changes are similar to those known to be associated with ischemic heart-disease and perhaps afford some explanation of the apparent effects of smoking on this

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condition. Although the number of subjects studied (64) was relatively small, it was surprising to find so many significant changes in the heavy smokers compared with nonsmokers.

Also see: 24610, p. 11
25066, p. 15

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SECTION IV-MISCELLANEOUS

23828 EFFECTS OF NICOTINE AND TOBACCO SMOKE ON GASTRIC SECRETION IN RATS WITH GASTRIC FISTULAS [7]

Thompson, J. H. (UCLA Sch Med, Los Angeles, Calif)

Amer J Dig Dis 15(3): 209-217; 1970

Smoking doses of nicotine and tobacco smoke depressed gastric acidity and pepsin output in 20 male Sprague-Dawley rats in short-term experiments.

A light-weight plastic cannula was surgically implanted in the stomach at the nonglandular/glandular mucosal junction in rats. After a 3-week recovery period they were studied repeatedly over a span of 9 months. Following a 48-hour fast, gastric secretion was collected hourly for 7 hours (1 control and 6 experimental).

The effects of nicotine hydrogen tartrate and tobacco smoke in 10% ethanol saline were studied under basal conditions and after stimulation with maximal doses of histamine acid phosphate and submaximal and maximal doses of ICI-50123. In control experiments, rats received normal saline or 10% ethanol saline (tobacco smoke control).

Nicotine depressed, to a varying degree, gastric juice volume (GJV) and acid output (AOP) in 3 hours of basal secretion; peptic output (POP) was unaffected. With maximal histamine-stimulated secretion, nicotine depressed GJV and AOP, to a varying degree, over the third to seventh hour; POP was depressed from the second to seventh hour. With maximal ICI-50123-stimulated secretion, nicotine depressed POP from the second to seventh hour; no effect was seen on the other parameters. With submaximal ICI-50123-stimulated secretion, POP was depressed by both nicotine and tobacco smoke in 10%; the

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the other parameters were unaffected. Tobacco smoke when compared to controls receiving 10% ethanol saline had no effect on basal secretion over a 3-hour period. Under submaximal stimulation with ICI-50123, GJV and AOP were not affected. Since tobacco smoke was injected in terms of its nicotine content it is assumed that the depressant effect is due to nicotine. However, there is no general agreement as to what a "smoking dose" of nicotine is.

Other reports of the effects of nicotine and tobacco smoke on gastric secretory function in both animals and man are vague and contradictory. It is noted that the proportion of life-long smokers is higher among patients with peptic ulcers than controls. Also, mortality from duodenal ulcer is greater for smokers than nonsmokers.

24610 CONTROL OF CIGARETTE HABIT BY PSYCHOLOGICAL AVERSIVE CONDITIONING: CLINICAL EVALUATION IN 53 SMOKERS [1,3,5,7]
Ochsner, A./Damrau, F. (Ochsn Clin, New Orleans, La)
J Amer Geriat Soc 18(5): 365-369; 1970

In a group of 53 smokers (20 males, 33 females) of whom 34 were married and 19 were single, the aversive method of conditioning for controlling the cigarette habit by means of an educational pamphlet containing daily references to the evils of tobacco proved highly successful in a 3-week test period. Results were rated as excellent in 34 cases (64%), good in 11 cases (21%), fair in 5 cases (9%), and poor in 3 cases (6%). Excellent results were achieved by 17 of the 20 males (85%) and 17 of the 33 females (52%). Women find it harder to break the cigarette habit than do men, because they smoke to reduce appetite and control weight.

We have this

The importance of antismoking programs is borne out by autopsy studies, results of which show that lung cancer is increasing much more than malignancy in other viscera. The increase is due to the carcinogenic effect of the residue from cigarette smoking, for there is a distinct parallel between the incidence of this disease and the sale of cigarettes in the United States. Smoking is also a factor in cancer of the larynx, esophagus, lips and mouth. In the United States cigarette smoking is the most important cause of chronic non-neoplastic bronchopulmonary disease including emphysema.

Twenty participants (38%) stopped smoking entirely and 9 others (17%) reduced their cigarette consumption to one or less per day. The number of participants smoking less than half as much as before was 45. Many smokers who reduced their cigarette consumption substantially during the test period gradually tapered off to complete abstinence.

The mean age of the group was 40.8 years (range 14-72); of the males 44.7 (range 14-70); of the females 38.5 (range 16-72). The average duration of the smoking habit was 19.5 years (range 1-45). The average number of cigarettes smoked per day was 25.7 (range 5-48).

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24806 ADOLESCENT CIGARETTE SMOKING AS COMPENSATORY BEHAVIOR [7]
Newman, I. M. (U Tenn Cent Beh Res Health Safety, Knoxville, Tenn)
J Sch Health 40(6): 316-321; 1970

Results of a 9-month observation study of 80 ninth grade subjects (20 female smokers, 20 female nonsmokers, 20 male smokers, 20 male nonsmokers) indicate that both male and female smokers perceive themselves as failing to meet the expectations of their parents and school, whereas nonsmokers view themselves as more nearly meeting these expectations. Among the subjects, smokers are more likely to fail course work, be tardy to school, and be truant or suspended, whereas nonsmokers are more likely to be listed on the academic honor roll and be active in extracurricular activities. There was no difference between nonsmokers and smokers in their feeling of achievement of personal expectations and expectations of peers or friends.

Subjects perceived the expectations of their parents in four main ways. They were expected "'to get good grades'" (44 subjects); "'be obedient, polite, and well behaved'" (21 subjects); "'pick nice kids for friends'" (7 subjects); and "'stay out of trouble'" (6 subjects).

Forty-eight subjects said the school's major expectation was for the student to obey the rules and not cause trouble. Other expectations included "'getting good grades'" (23 subjects) and "'being involved in extracurricular activities.'"

More smokers than nonsmokers indicated that they wished to be older; the difference between smokers and nonsmokers was significant for girls but not for boys. Results indicate dissatisfaction of the study subjects with their present age.

If it were possible to down-play the smoking act and at the same time broaden the potential for achievement so that more students could develop a sense of self-worth, smoking might become less of a crutch. It should also be recognized that the school's continued broad, and often uncoordinated involvement, in anti-smoking programs may tend to reinforce the value of smoking as a means of achieving status in what has been loosely called the "subculture of youth."

24905 AN ODOR OF SMOKE [7]
Anonymous
JAMA 212(12): 2111-2112; 1970 6/22/70 H.A.

We have this

An editorial discussing Ralph Nader's campaign to ban smoking on airplanes mentions letters written by Chief Justice Warren, E. Burger, and Dr. Ralph Berg, Jr., advocating the smoking ban, and a letter from Dr. Paul B. McCleave opposing the ban. McCleave writes: "As is always the case in any group that becomes anti of any situation or circumstance, there are always loud voices and much flag-waving. So it is in the anti-smoking group. Public

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travel is public and not a private individual's right. What my seatmate may do, and my reaction to his acts, I must accept as one who is in public transporation.

"The whole matter and disturbance in America today on the part of some relative to smoking can be carried to covering multitudes of actions and attitudes. To me the Government must be aware of the mountain which they are starting to build. Smoking may be offensive to certain people but so is an alcoholic breath, a sweaty body, an unkempt figure, a crying baby, or an undisciplined child on an airplane. May I ask, as one who travels over 100,000 miles a year on planes, that if you ban smoking then will you ban these other annoyances and inconveniences to one who travels?

"If you start bans on public transportation by regulating social conduct where are you going to stop?"

The author further states that the concept of hazards to the health of the nonsmoker from smoke filled cabins is tenuous because under ordinary circumstances the cabin air changes rapidly enough to stay clear. There is some danger, if the ventilation system becomes coated with cigarette tar. On a B727, for example, fresh air is supplied by the engines through the air conditioning and distribution systems. Pressurization is provided by controlling the rate at which the cabin ventilating air is permitted to exhaust from the airplane through two cabin pressure outflow valves. These valves are very much like coffee cans equipped with pistons, which vary the amount of escaping air in response to control settings in the cockpit. Another exit for air is the cargo heat outflow valve, which allows minor heating and ventilation for any animal life that may be carried in the cargo compartment. Control Venturi ports are other minor vents. All these outlets become coated with tar, the source of which is smoking passengers. The tar sometimes causes the pressurization control valves to stick, and after a time makes it noticeably difficult to prevent pressure bumps--sudden changes in pressurization due to changes in source air volume.

The airlines rendered a great service several years ago when they abandoned the practice of handing out small packages of cigarettes to all passengers. Too often smokers who had kicked the habit were tempted to resume smoking. "We believe that it would be highly desirable if there were no smoking on airlines because all smokers, in the interest of their health, should stop smoking completely. We do not hold that cigarette addicts should be prohibited from smoking while in flight. For them the ordeal would be as great as that suffered by the protesters who are offended by the odor of the smoke."

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24931 CHANGES IN CIGARETTE SMOKING HABITS BETWEEN 1955 AND 1966 [7]

Ahmed, P. I./Gleeson, G. A. (USPHS Div Health Int Stat, Washington, DC)

Publ Health Serv Publ 1000-Series 10(59): 1-33; 1970

A 1966 questionnaire study covering the civilian, noninstitutional U.S. population 18 years of age and over (56,768,000 males and 64,310,000 females) shows that changes in smoking habits since 1955 include the decrease in male smoking prevalence from 56.9% to 50.7% and the increase in female smoking prevalence from 28.4% to 32.9%.

The decrease in the percentage of cigarette smokers occurred among males under 55 years of age, and for the most part among those smoking less than 10 cigarettes per day, while increases in the proportion of female smokers were noted in each of the age groups shown (the percent increase was greater with advancing age), and among those smoking 10 or more cigarettes per day.

Despite the percentage decrease among male smokers, the number of men smoking cigarettes in 1966 exceeds the estimate for 1955 by about 1 1/3 million. Among women the increase in the number of cigarette smokers during this time interval amounted to approximately 5 1/2 million. During the same interval the male population 18 years and older increased by 7,187,000, while the female population increased 9,214,000.

Among males the percentage of nonsmokers of cigarettes in the age group 18 years and over increased from 40.8% in 1955 to 47.9% in 1966. This absolute increase of 7.1 percentage points among male nonsmokers between 1955 and 1966 is mainly attributabe to a substantial increase in the percentage of former smokers. This increase may, however, be an underestimate of the actual proportion of men who have become nonsmokers because of the high proportion of proxy respondents for males who tend to erroneously report former smokers as persons who have never smoked. Included in the 47.9% of male nonsmokers in 1966, 17.7% previously smoked regularly or occasionally in contrast to only 10.5% in 1955 when the proportion of male self-respondents was considerably greater.

Among women the percentage of current cigarette smokers (regular and occasional) increased from 27.4% in 1955 to 32.1% in 1966. With the percentage of females who had never smoked generally lower in 1966 than in 1955, it would seem that the increase of 4.7 percentage points in the proportion of current cigarette smokers is due for the most part to the increased proportion of women who had started smoking since the 1955 survey.

The proportion of occasional smokers among current smokers decreased from 4.0% in 1955 to 0.3% in 1966 among men, and from 3.8% in 1955 to 0.3% in 1966 among women.

It would seem that some women are joining the ranks of former smokers, while an even larger number are joining the smoking

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group. The females who are starting to smoke heavily are younger, while those no longer smoking cigarettes are older persons. The percent of women 18-24 years of age in 1966 who had started smoking by age 15 (8.4%) was four times that for the comparable age-group in 1955 (2.1%). In 1966, 29.9% of the women who were 18-24 years of age at the time of the interview, had started to smoke by the age of 18, in contrast to 15.9% of those who were 18-24 years of age in 1955. This represents an increase of 14.0 percentage points, with the percent in 1966 approximately twice that in 1955.

In the comparison of females in the two surveys by the age at which they started smoking, it is assumed that the mortality rates among cigarette smokers during the years prior to the surveys were similar enough to produce comparable survivor populations. Because the populations under consideration in this instance consist only of persons who have ever smoked, the comparative rates would not be influenced by the mortality differentials between smokers and nonsmokers.

25066 VITAMIN C STATUS OF CIGARETTE SMOKERS AND NONSMOKERS [5,7]
Pelletier, O. (U Ott Fac Med Nutr Res Div, Ottawa, Canada)
Amer J Clin Nutr 23(5): 520-524; 1970

Evaluation of the vitamin C status of 14 cigarette smokers and 14 nonsmokers of both sexes, before and after vitamin C saturation demonstrated that no characteristic other than cigarette smoking was related to the lower vitamin C levels of smokers.

The smokers' group initially had lower vitamin C blood levels and a lower urinary excretion after a 1.1-g test dose than the nonsmokers, but no difference was found after the saturation and desaturation period; thus, the smokers initially retained more vitamin C.

The relationship between the vitamin C intake and blood levels, or urinary excretion of the first test dose, indicated that the differences in the vitamin C status were not due to different intakes.

The vitamin C excreted during 8 hours after a 1.1-g load correlated well with the vitamin C intake of the nonsmokers and with the blood vitamin C levels of both smokers and nonsmokers. This type of load test should be useful for determining the vitamin C status of individuals.

Following elimination of excess vitamin C after saturation, intakes of citamin C ranging from about 60 to 95 mg were given twice a day for 3 days, and it was found that in general the smokers excreted 40% less vitamin C than the nonsmokers.

2015043800

Source: https://www.industrydocuments.ucsf.edu/docs/ylfj0000

SECTION V-MEDICAL OPINION

25120 TOBACCO INSTITUTE VS AMERICAN CANCER SOCIETY [1,9]
Anonymous
Eye Ear Nose Throat Monthly 49: 266; 1970

An editorial considers the current controversy over the American Cancer Society's recent announcement that lung cancer was produced in dogs by cigarette smoke, and supports the position of the Tobacco Institute that the importance of this issue is so great that the results of the study should be made immediately available. The response of the Society in turning down proposals by the Institute to have an independent group of scientists evaluate the findings "... now raises serious question of their behavior, and their objectives...."

"The institute points out that the scientists involved received support from the federal government and the American Cancer Society and, 'since these funds derived from public sources, the public is entitled to a full and fair account of the results.' This places the burden of proof on the American Cancer Society.

"The stand taken by the American Cancer Society is difficult to understand. If the evidence is so overwhelming and proves the danger of cigarette smoking in humans, why the delay? Why should the public wait months and perhaps years for results that may upset the study, if the experiment was so successful? If the very purpose of the American Cancer Society is to do away with cancer, why prolong a debate--if they have the evidence on hand? Would they behave in the same manner if a cure for cancer were found?

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Source: https://www.industrydocuments.ucsf.edu/docs/ylfj0000

Considering the amount of time and money spent on cancer with relatively unimpressive results, one cannot help but be disappointed when the solution to some problems is held back for perhaps political reasons.

2015043802

Source: https://www.industrydocuments.ucsf.edu/docs/ylfj0000

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